

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and address):

TEL NO.:

☐ Recording requested by and return to:☐ ATTORNEY  
FOR☐ JUDGMENT  
CREDITOR☐ ASSIGNEE OF  
RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

FOR RECORDER'S USE ONLY

PLAINTIFF:

DEFENDANT:

## ABSTRACT OF JUDGMENT

☐ Amended

CASE NUMBER:

FOR COURT USE ONLY

1. The ☐ judgment creditor ☐ assignee of record  
applies for an abstract of judgment and represents the following:

a. Judgment debtor's

Name and last known address

b. Driver's license No. and state:

c. Social security No.:

d. Summons or notice of entry of sister-state judgment was personally served or  
mailed to (name and address):☐ Unknown☐ Unknowne. ☐ Original abstract recorded in this county:

(1) Date:

(2) Instrument No.:

f. ☐ Information on additional judgment debtors is  
shown on page two.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

2. a. ☐ I certify that the following is a true and correct abstract  
of the judgment entered in this action.b. ☐ A certified copy of the judgment is attached.

3. Judgment creditor (name and address):

4. Judgment debtor (full name as it appears in judgment):

6. Total amount of judgment as entered or last renewed:  
\$7. ☐ An ☐ execution lien ☐ attachment lien  
is endorsed on the judgment as follows:

a. Amount: \$

b. In favor of (name and address):

8. A stay of enforcement has

a. ☐ not been ordered by the court.b. ☐ been ordered by the court effective until  
(date):9. ☐ This judgment is an installment judgment.

[SEAL]

5. a. Judgment entered on  
(date):b. Renewal entered on  
(date):

This abstract issued on (date):

Clerk, by \_\_\_\_\_, Deputy

PLAINTIFF:  DEFENDANT:	CASE NUMBER:
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INFORMATION ON ADDITIONAL JUDGMENT DEBTORS

<p>10. Name and last known address</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 40px; width: 100%; margin-bottom: 10px;"></div> <p>Driver's license No. &amp; state: <input style="width: 40px; height: 15px;" type="text"/> Unknown</p> <p>Social security No.: <input style="width: 40px; height: 15px;" type="text"/> Unknown</p> <p>Summons was personally served at or mailed to (address):</p>	<p>14. Name and last known address</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 40px; width: 100%; margin-bottom: 10px;"></div> <p>Driver's license No. &amp; state: <input style="width: 40px; height: 15px;" type="text"/> Unknown</p> <p>Social security No.: <input style="width: 40px; height: 15px;" type="text"/> Unknown</p> <p>Summons was personally served at or mailed to (address):</p>
<p>11. Name and last known address</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 40px; width: 100%; margin-bottom: 10px;"></div> <p>Driver's license No. &amp; state: <input style="width: 40px; height: 15px;" type="text"/> Unknown</p> <p>Social security No.: <input style="width: 40px; height: 15px;" type="text"/> Unknown</p> <p>Summons was personally served at or mailed to (address):</p>	<p>15. Name and last known address</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 40px; width: 100%; margin-bottom: 10px;"></div> <p>Driver's license No. &amp; state: <input style="width: 40px; height: 15px;" type="text"/> Unknown</p> <p>Social security No.: <input style="width: 40px; height: 15px;" type="text"/> Unknown</p> <p>Summons was personally served at or mailed to (address):</p>
<p>12. Name and last known address</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 40px; width: 100%; margin-bottom: 10px;"></div> <p>Driver's license No. &amp; state: <input style="width: 40px; height: 15px;" type="text"/> Unknown</p> <p>Social security No.: <input style="width: 40px; height: 15px;" type="text"/> Unknown</p> <p>Summons was personally served at or mailed to (address):</p>	<p>16. Name and last known address</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 40px; width: 100%; margin-bottom: 10px;"></div> <p>Driver's license No. &amp; state: <input style="width: 40px; height: 15px;" type="text"/> Unknown</p> <p>Social security No.: <input style="width: 40px; height: 15px;" type="text"/> Unknown</p> <p>Summons was personally served at or mailed to (address):</p>
<p>13. Name and last known address</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 40px; width: 100%; margin-bottom: 10px;"></div> <p>Driver's license No. &amp; state: <input style="width: 40px; height: 15px;" type="text"/> Unknown</p> <p>Social security No.: <input style="width: 40px; height: 15px;" type="text"/> Unknown</p> <p>Summons was personally served at or mailed to (address):</p>	<p>17. Name and last known address</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 40px; width: 100%; margin-bottom: 10px;"></div> <p>Driver's license No. &amp; state: <input style="width: 40px; height: 15px;" type="text"/> Unknown</p> <p>Social security No.: <input style="width: 40px; height: 15px;" type="text"/> Unknown</p> <p>Summons was personally served at or mailed to (address):</p>

18. ☐ Continued on Attachment 18.